

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

ELIA AZAR and DEAN ALFRANGE

Civil Case No. 3:16-cv-00483-SI

Plaintiff(s),

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

v.

BLOUNT INTERNATIONAL, INC., et al.

Defendant(s).

Attorney W. Scott Holleman requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) **PERSONAL DATA:**

Name: Holleman William Scott
(Last Name) *(First Name)* *(MI)* *(Suffix)*

Firm or Business Affiliation: Johnson & Weaver, LLP

Mailing Address: 99 Madison Avenue, 5th Floor

City: New York State: NY Zip: 10016

Phone Number: (212) 802-1486 Fax Number: (212) 602-1592

Business E-mail Address: ScottH@johnsonandweaver.com

(2) **BAR ADMISSIONS INFORMATION:**

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):
New York, 9/24/2008, Bar No. 4606364

- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):
E.D.N.Y., 10/07/2008, Bar No. WH-0328; S.D.N.Y., 10/07/2008,
Bar No. WH-0328; N.D.N.Y., 02/28/2011, Bar No. 516735;
6th Circuit Court of Appeals, 11/13/2013

(3) **CERTIFICATION OF DISCIPLINARY ACTIONS:**

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) **CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

(5) **REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:
Plaintiffs Elia Azar and Dean Alfrange

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 23 day of March, 2016



(Signature of Pro Hac Counsel)

W. Scott Holleman
(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 23 day of March, 2016


(Signature of Local Counsel)

Name: McGaughey Robert J.
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 800787

Firm or Business Affiliation: McGaughey Erickson

Mailing Address: 1500 SW First Ave., Suite 800

City: Portland State: OR Zip: 97201

Phone Number: (503) 223-7555 Business E-mail Address: bob@law7555.com

COURT ACTION

- ☐ Application approved subject to payment of fees.
☐ Application denied.

DATED this _____ day of _____, _____

Judge